

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme	ant Nama			Telephone Number	Date of Ins	nection	PERMIT#
Establishing	_	,	a Clas 4C?	812-923-0190	(mm/dd/yr		19-
7	Jai	<u>v -</u>	a-Step #53		1 17	20	1 (
3693	Paol	s (nu	mber and street, city, state, zip code) Pike Floyds Knobs, IN 47150	812-945-3096	1-15.	- 20	759
Owner	, .		•	Purpose:	Follow-up Release Date		
		<u> ۲</u>	ierce	1. Routine	NO		
Owner's Ac	Provid	enc	e Way Clarksuitle. IN 47129	2. Follow-up 3. Complaint	Summary of Violations:		
Person in C	harge		McShane	4. Pre-Operational	CA NC B		
Responsible	Person's	E-mai	11	- 5. Temporary	Menu Type (See back of page)		
				6. HACCP	, -		a
Certified Fo	ood Manag	er 104	Mc Shanp 10-5-24	7. Other (list)	12	3_ <i>V</i>	45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative	1 1 1			rrected By
214	NC			to be discolored	<u> </u>	2 m	eeks
			& needing replaced of	resurfaced.			
431	NC			ris including			:
	7.0	-	sigare He butts around ?			7 1	Taxc
		-				20	0/5
-		_	the store & property li	77,			
7 .							
				·			
	-						
1					ļ		
				· · ·			
		<b>-</b>		<del></del>			· <u> </u>
		-					· · · · · · · · · · · · · · · · · · ·
	ļ	-		<del> </del>			
	<u> </u>			<b>1</b> - 1 - 1 - 1			
Received by (name and title printed):  Jenny McShane Mang.  Inspected by (name and title printed):  Thomas Saider, EHS							
Received by (signature):							
Jam Moshoure themating,							
cc:	0		ce:		co:		